

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
10/507446
APPLICANT(S)

FILING DATE

5-112-105 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1			
3						
4			1			
5			1		1	
6				1	1	
7				4	4	
8				2	2	
9				2	2	
10				4	4	
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50						
TOTAL IND.			4		5	
TOTAL DEP.			14		15	
TOTAL			18		19	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						